	PATE	NT APPLIC	ATION	FEE DET	ERM	INATION	RE	CORD	ł		on or Docke	•	
┝	Effective December 8, 2004									10/583/66			
CLAIMS AS FILED - PART I  SMALL E  (Column 1) (Column 2)  TYPE								NTITY	] 01	OTHER THAN R SMALL ENTITY			
U.	S. NATIONAL	. STAGE FEES				(00,200,2)		RATE	FEE	<u>ק</u>	RATE	· ·	
ВА	SIC FEE	•		•	_	· · · · · · · · · · · · · · · · · · ·	-	BASIC FEE	1		BASIC FEE	FEI	
EXAMINATION FEE					†		-	EXAM. FEE	+	<b>-</b>  `'		120	
SEARCH FEE			1		<del> </del>		$\dashv$	SEARCH FEE	<del> </del>	-	EXAM. FEE	IIMi	
FEE FOR EXTRA SPEC. PGS.			<del>                                     </del>	minus 100 =		/ 50 =	$\dashv$			-	SEARCH FEE		
TOTAL CHARGEABLE CLAIMS			131	minus 20 =	<del> </del>	700=	- .	X \$ 125 =	-	4	X \$ 250 =	<u> </u>	
INDEPENDENT CLAIMS			131	minus 3 =	┼	· · · · · · · · · · · · · · · · · · ·	-	X \$ 25 =	-	OR			
		DENT CLAIM PF	RESENT	_ 1111103 3 =	<u> •</u>		4	X \$ 100 =		OR	X \$ 200 =		
If the difference in column 1 is less than zero, enter								+ \$ 180 =	ļ	OR	+ \$ 360 =		
	÷			2510, 511(6)	ı ın co	olumn 2		TOTAL		OR	TOTAL	<b>1</b> ////	
	1.//	(Column 1)	AMEND	ED - PAR' (Colui	mn 2)	(Column 3)	- 	SMALL E		OR	OTHER SMALL		
AMENDMENT A	glbf0L	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
	Total /	[2]	Minus			= /		X \$ 25 =		OR	X \$ 50 =		
₹	Independent		Minus		<u>)                                    </u>	= /		X \$ 100 =		OŖ	X \$ 200 =	· ·	
	FIRST PRES	SENTATION OF N	MULTIPLE (	EPENDENT (	LAIM		1 1	+ \$ 180 =		OR:	+ \$ 360 =		
			•				•	TOTAL ADDIT.		OR	TOTAL ADDIT.	<del></del>	
		(Column 1)		(Colum		(Column 3)				· .			
₹		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**			lſ	X \$ 25 =		OR	X \$ 50 =		
	Independent	•	Minus	***		2		X \$ 100 =		OR	X \$ 200 =	<del></del>	
	FIRST PRES	ENTATION OF M	ULTIPLE D	EPENDENT C	LAIM	П		+ \$ 180 =		⊢		<del></del>	
	٤						<b> </b>	OTAL ADDIT.			+ \$ 360 =	-	
		mn 1 is less than the						FFF L		ΟIX	FFF		
		mber Previously Paid					in the	appropriate box i	n column 1.		. :		